COUNTY OF CRAIG P.O. Box 308 New Castle, Virginia 24127 540-864-5010 Phone 540-864-5590 Fax

Farm Certification Form
owner, do hereby certify that the building to be constructed is for a farm use barn/building. I also certify that his structure will be used 100% for farm storage/use. I also certify that I have filed, or intend to file, a schedule "F" with my Federal Tax Return.
I will conform to all Zoning requirements and set backs with the County of Craig.
If subsequent to my completion of this certification, the structure is found to be used for purposes other than farming, I will be required to return to the county administration office and pay the fee that was waived at the time this certification was made.
Locatión of Structure
Tax Map Number
Type of Structure
Square Footage of Structure
Signature Date
Full Name
Address
Phone Please complete the attached Building Permit and Plot Plan
Building Permit Fee Waived \$(Completed by Building Office)
Building Official Date Received

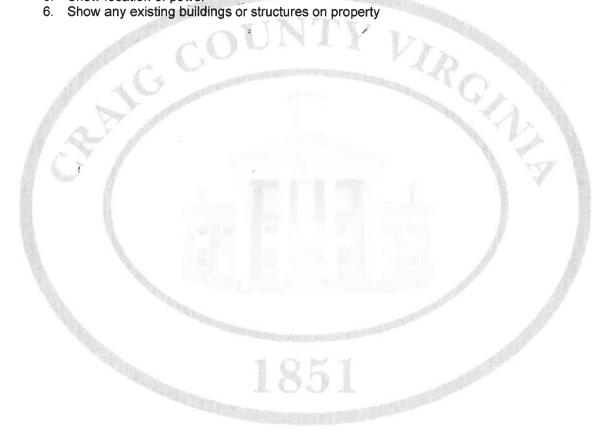
Cc: Commissioner of Revenue

Craig County Building/Zoning Permit		Application #				
P.O. Box 308	NEW CONST	RUCTION /. ADD	ITIONS / MOBI	LE HOMES		
108 Court Street	Phone: 540-864-5010	# Fireplaces:				
New Castle, VA 24127		# Bedrooms:				
		# Full Baths:				
		# Half Baths:				
		# Stories:				
Date of Application:		# Units:				
TYPE OF WORK (circle)		Is Construction in Flood Plain? Yes No If yes, ask for				
	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Code of Ordina	ances 50-85	163_10_	_ II yes, ask ioi	
New Construction	Alteration				Well	
Addition	Demolition	Sewage: (circle)		Public	Septic	
	NSTRUCTION (circle)		e/Well/Septic #	1 dbiic	Septic	
Single Family Dwelling		Tracei/ochag	or recinocptic #			
Manufactured Home	Multi-family(Duplex)	Heat Type:	Heat Pump	Gas	Elec.	
Accessory Structure (de		ricat Type.	Wood Stove	Solar		
Other (describe)			Hot Water	Solal	Oil	
	(Describe briefly)					
SCOPE OF WORK (Describe briefly)			Other	-O	A Section	
All I		Foundation T		CI-L	10	
		Foundation Type:		Slab	Crawl	
47 . 4	400	(Circle One)		Basement		
		All Construction:				
IOD SITE IN	ECOMATION	Living Area:		- Y	Sq. Feet	
JOB SITE INFORMATION		Garage Area	6 1 1 10		Sq. Feet	
911 Address::		Basement: (un	rinisnea)		Sq. Feet	
City/State/Zip:		Carport Area:		N	Sq. Feet	
Control of the state of the sta	1	Deck Area:		- W	Sq. Feet	
Subdivision	Lot #	Covered Porch		1	Sq. Feet	
Tax map / parcel#:		Gazebo / Stora			Sq. Feet	
PROPERTY OWNER				RED HOME ONL		
Name:		Type (circle)	Single	Double	Triple	
Mailing address:		Manufacturer:				
City / State / Zip		Year			All All	
Phone: Cell:		Cost:	\$	M		
APPLICANT (if other than owner)						
Business name:		Permit fees are based on square footage.				
Contractor name:						
Address:	Sq. Footage:					
		Value of Build:				
Lic#	Class License	Zoning Fee:	Zoning Fee:			
Phone	Exp.Date:					
this application and that I as subject to licensure as a con award a contract to an unlic I hereby certify that I am the by the owner of record and applicable state and local repermit. In addition, if a perenter the area(s) described here.	(complete if applicant is not an familiar with the prerequising tractor or subcontractor or subcensed contractor. e owner of the record of the lithat I have been authorized to gulations, rules and policies a mit is issued, I certify that the terein at any reasonable hour	ites of Section 54.1 bbcontractor. I am herein described promake this applicated and such shall be do e code official or herefor the purpose of	also aware that it is operty, or that the pation as a designate eemed a condition is authorized representation.	of Virginia, as ame is a violation of Star proposed work has d agent. I agree to entering into the e sentative shall hav isions of the appli	ended, and I am nate Law to hire or s been authorized to conform to all exercise of the tee the authority to	
Directions to Site from New	Castle:					

Craig County Virginia - Building Permit Request - Application Data

Plot plan must be completed and approved prior to permit being issued. Tax Map Parcel # Zoning District

- 1. Show adjoining streets or roads to property and driveways.
- 2. Draw the lot(s) or parcel of land
- 3. Draw proposed structure(s) on the property:
 - a. show dimensions (in feet) of structure, porches, carports, garages, out buildings and basements
 - b. show setbacks (in feet) from proposed structure to front, back right and left sides of lot line
- 4. Show location of sewer, or proposed septic tank & well
- 5. Show location of power
- 6. Show any existing buildings or structures on property



Name: _	(on application)
Owners A	Affidavit: I hereby affirm that I have measured the distances of the above setbacks and
	rue and correct as stated in drawing. If measurements are found to be incorrect, I will e required setbacks at my own expense.
Name:	Date:
0	var (ar licensed contractor)

Owner (or licensed contractor)